

EXHIBIT 7.4

Pesticide Use History - Low Cholinesterase

Name _____ Work Area _____

Have you previously had low cholinesterase level? _____ If so, when? _____

PROCEDURE (Answer as it applies during the period you had a low cholinesterase level.)

1. What safety equipment do you use with:

Hand Spraying	Scouting Activities	Spray Box	Dipping	Aerial Application	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Do you change respirator filters after each use? _____

3. Approximately how many hours had you been exposed to pesticides in the last 60 days before you were notified you had a low cholinesterase level? _____

4. Approximately how many hours had you been exposed to pesticides in the last 7 days before you were notified you had a low cholinesterase level? _____

5. Has there been more or less than normal exposure in the last 60 days: (indicate more or less)

Hand Spray _____ Spray Box _____ Dip _____ Aerial Application _____ Other _____

6. Did you have any unusual exposure to pesticide concentrate in the last 60 days? _____ If so, what precautionary measures were taken to reduce exposure? _____

7. Is the equipment in the vehicle saturated with pesticide? _____

OUTSIDE EXPOSURE

1. In the last 60 days have you been exposed to other pesticides such as ant bait or spray, roach bait, fly spray, etc.? _____

2. Are you exposed to commercial, farm, or ranch sprays? _____ If so, when was the last exposure? _____

3. Do you handle any mercury or carbon disulfide? _____

MEDICAL CONSIDERATIONS

1. Did you take any medication in the last 60 days preceding your blood test?_____ If so, when and what type of medication?_____

2. Do you have any major or minor disease of the liver such as hepatitis, gallstones, or cirrhosis? ____
If so, has a physician been consulted about the problem?_____

3. Do you suffer from anemia or have RH blood factor problems?_____

4. Did you consume any alcohol within 5 days of your blood test?_____If so, how much?

APPLICANT COMMENTS

In your opinion, why do you think that you had a low cholinesterase level?

SUPERVISOR'S COMMENTS

OCCUPATIONAL MEDICAL MONITORING PROGRAM COORDINATOR'S COMMENTS

